

ORIGINAL
(Rev. 3/05)

**FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983**

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE**

(1) ANGELO CLARK 123209
(Name of Plaintiff) (Inmate Number)
DELAWARE CORRECTIONAL CENTER
1181 PADDOCK ROAD
SMYRNA, DELAWARE 19977
(Complete Address with zip code)

06 - 465

(2) _____
(Name of Plaintiff) (Inmate Number)

_____ 65
(Case Number)
(to be assigned by U.S. District Court)

(Complete Address with zip code)

(Each named party must be listed, and all names
must be printed or typed. Use additional sheets if needed)

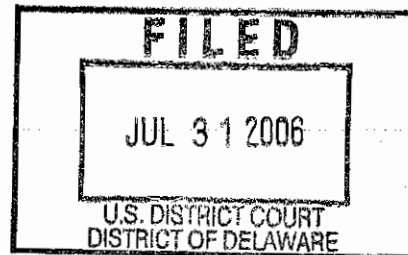
vs.

CIVIL COMPLAINT

(1) REGIONAL MEDICAL FIRST CORRECTIONAL
(2) MANAGER ANGELA WILSON
(3) CORRECTIONAL MEDICAL SYSTEMS
(Names of Defendants)

• • Jury Trial Requested

(Each named party must be listed, and all names
must be printed or typed. Use additional sheets if needed)



I. PREVIOUS LAWSUITS

A. If you have filed any other lawsuits in federal court while a prisoner, please list the caption and case number including year, as well as the name of the judicial officer to whom it was assigned: **80 scanned**

N/O

II. EXHAUSTION OF ADMINISTRATIVE REMEDIES

In order to proceed in federal court, you must fully exhaust any available administrative remedies as to each ground on which you request action.

A. Is there a prisoner grievance procedure available at your present institution? ☒ Yes ☐ No

B. Have you fully exhausted your available administrative remedies regarding each of your present claims? ☒ Yes ☐ No

C. If your answer to "B" is Yes:

1. What steps did you take? I TOLD MEDICAL THE MEDS WAS
GIVING ME SIDE-EFFECTS
2. What was the result? _____

D. If your answer to "B" is No, explain why not: _____

III. DEFENDANTS (in order listed on the caption)

(1) Name of first defendant: REGINAL MEDICAL FIRST CORRECTIONS
Employed as DOCTOR JOSHI at DELAWARE CORRECTIONAL CENTER
Mailing address with zip code: _____

(2) Name of second defendant: ANGELA WILSON - C.M.S
Employed as MANAGER at DELAWARE CORRECTIONAL CENTER
Mailing address with zip code: 1181 Paddock ROAD
SMYRNA, DELAWARE 19977

(3) Name of third defendant: ROBERT M. HOOPER
Employed as REGINAL MANAGER at DEPT OF CORRECTIONS
Mailing address with zip code: N-A

(List any additional defendants, their employment, and addresses with zip codes, on extra sheets if necessary)

IV. STATEMENT OF CLAIM

(State as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach no more than three extra sheets of paper if necessary.)

1. THE ZYPREXA HAS GIVEN ME SOME PARTIAL NERVE DAMAGE IN MY LEGS AND ARMS AS WELL AS MEMORY LOSS, AT CERTAIN TIMES WHEN I TRY TO REMEMBER CERTAIN THINGS THAT I AM SUPPOSE TO DO
2. ON A REGULAR BASIS, AND VERY BAD MUSCLE SPASMS AND E.T.C. I NEVER SEE THE PSYCHIATRIST ABOUT MY MEDS, I KEEP COMPLAINTING HOW THE ZYPREXA MAKES ME FEEL LIKE A HUMAN DUMMY AND I
3. WANT TO BE TREATED BETTER.

V. RELIEF

(State briefly exactly what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.)

1. I WANT TO BE GRANTED BY THE COURT SOME KIND OF COMPENSATION FROM THE DEPARTMENT OF CORRECTIONS, AND THE MEDICAL VENDOR C.M.I.S.

2. _____

3. _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 26 day of July, 2 006.

x Cingelo de la Cruz
(Signature of Plaintiff 1)

(Signature of Plaintiff 2)

(Signature of Plaintiff 3)

Certificate of Service

I, ANGELO CLARK, hereby certify that I have served a true
and correct cop(ies) of the attached: _____

_____ upon the following
parties/person (s):

TO: Office of the Clerk
UNITED STATES District Ct
844 N. King Street
Wilmington, Delaware
19801

TO: _____

TO: Attorney General Office
820, N. French Street
Wilmington, Delaware
19801

TO: _____

BY PLACING SAME IN A SEALED ENVELOPE and depositing same in the United States Mail at the Delaware Correctional Center, 1181 Paddock Road, Smyrna, DE 19977.

On this 26 day of July, 2006

Angelo Lu Clark

IM Angelo Clerk
SBI# 123209 UNIT C-H

DELAWARE CORRECTIONAL CENTER

1181 PADDOCK ROAD

SMYRNA, DELAWARE 19977

Office of the Clerk
United States District Ct
844 N. King Street
Wilmington, Delaware
19801

